

# STANDARD CERTIFICATE OF DEATH

State File No. **12869**

LED **APR 3 1953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **500** Registrar's No. **863**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>St. Louis</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>OR</b> TOWN <b>Afton</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>OR</b> TOWN <b>Afton</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>10034 Gravois ave.</b>		d. STREET ADDRESS <b>10034 Gravois</b>	

<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <b>George</b>		b. (Middle) <b>Louis</b>		c. (Last) <b>Schmitt</b>	
<b>5. SEX</b> <b>Male</b>		<b>6. COLOR OR RACE</b> <b>White</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>Married</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Freight Handler</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Railway Express Co.</b>		<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Sappington, Mo.</b>	
<b>13a. FATHER'S NAME</b> <b>John Schmitt</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Mary Von Rein</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mathilda</b>	

<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes WW-I</b>		<b>16. SOCIAL SECURITY NO.</b> <b>492-01-5117</b>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mrs. Mathilda Schmitt</b>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		<b>19. MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of Lung</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		<b>19. INTERVAL BETWEEN ONSET AND DEATH</b> <b>4 Yrs</b>	

<b>19a. DATE OF OPERATION</b> <b>163X</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>		<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>	

**22. I hereby certify that I attended the deceased from** **1944**, to **Mar 21, 1953**, that I last saw the deceased alive on **3/21, 1953**, and that death occurred at **1.30 p.m.**, from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <b>Dr. Hester</b>	<b>23b. ADDRESS</b> <b>5600 P. Compton</b>
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>24b. DATE</b> <b>March 24, 1953</b>
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>St. Lucas Cemetery</b>	<b>24d. LOCATION (City, town, or county) (State)</b> <b>Sappington, Missouri.</b>

<b>DATE REC'D BY LOCAL REG.</b> <b>3-23-53</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Hubert R. Dumb</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>C. Hormeister</b>
<b>ADDRESS</b> <b>U. &amp; L. Co. 7814 S. Broadway</b>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Linus C. Hoffmiller*

Licensed Embalmer No. 3871

P. O. Address 7814 S B road

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.